

## ABI SCREENING TOOL

### LIFETIME HISTORY OF TRAUMATIC INJURY (from the OSU TBI-ID) AND OTHER ACQUIRED BRAIN INJURIES SCREENING TOOL INSTRUCTIONS

Brain injury is a chronic condition. It is often a multi-occurring condition with mental health, substance abuse, unemployment, corrections involvement and homelessness. Screening for a history of brain injury is a best practice when responding to or planning clinical and community based responses for clients served in health, community and corrections services. Brain injury screening tools do NOT provide a diagnosis or indicate an absence of a brain injury. They are, however, meant to assess for a person's exposure to brain injury.

#### Definitions

**Acquired brain injuries (ABI)** occur when there is an event that results in damage to the brain anytime during a person's life after birth which temporarily or permanently impairs a person's physical, cognitive or behavioral functions. Brain injuries are not primarily related to a degenerative disease or aging process.

**Non-traumatic brain injuries** are injuries to the brain caused by stroke, infection, anoxia, vascular lesions or tumor of the brain.

**Traumatic brain injuries (TBI)** may be penetrating or non-penetrating and are from external forces causing trauma to the brain, such as from a bump, blow, jolt, blast or hit to the body. Concussions are a type of TBI.

#### Administration of OSU TBI-ID+ABI Interview Form

The Screening for Lifetime History of TBI and other Acquired Brain Injuries (OSU TBI-ID) and other Acquired Brain Injuries is a tool to screen for an individual's lifetime history of Acquired Brain Injury.

- Administer this screening tool, either by telephone or face-to-face.
- Complete questions 1 – 4 (read prompter statement/question for each section followed by each response option).

#### Interpretation of Screening Results

The validity of this tool is not based on elicitation of a perfect accounting of a person's lifetime history of brain injury. Instead, it provides a means to estimate the likelihood that consequences have resulted from one's lifetime exposure to brain injury.

It is recommended that additional consideration be given to the potential effects of this exposure when:

- WORST – One moderate or severe TBI (question 1 b)
  - Moderate = Lost consciousness between 30 minutes to 24 hours
  - Severe = lost consciousness for 24 hours or longer
- FIRST – TBI with any loss of consciousness before age 15 (question 1 c)
- OTHER SOURCES – Any ABI combined with another way that their brain function has been impaired (questions 2 & 3)

#### Next Steps

After completion of the Lifetime History of Traumatic Brain Injury (from the OSU TBI-ID) and other Acquired Brain Injuries, the following steps should be considered:

- Provide a copy of the completed tool to the individual for their records.
- If warranted (i.e., the individual screens positive for worst, first or other sources as defined in the interpretation of screening results) consider a referral to, or resource facilitation available through the **Brain Injury Alliance of Iowa (BIA-IA)** at [info@biaia.org](mailto:info@biaia.org) or by calling **855-444-6443**. More information about BIA-IA can be found at [www.biaia.org](http://www.biaia.org), which may recommend:
  - Referring the individual to a medical professional for additional assessment(s).
  - Completing the Mayo-Portland Adaptability Inventory-4 (available at <http://www.tbims.org/mpai/>).

Additional steps may be recommended by your organization for further assessments or medical record requests.

*The OSU TBI-ID+ABI adapted with permission from the Ohio State University TBI Identification Method (Corrigan, J.D., Bagner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. J Head Trauma Rehabil, 22(6):318-329. ©Reserved 2007, The Ohio Valley Center for Brain Injury Prevention and Rehabilitation*

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For more information about the Iowa Brain Injury Services Program, visit <http://idph.iowa.gov/brain-injuries>

Complete this screening to determine if a person may have had a brain injury. It is important to note that this screening does not result in a diagnosis, is not intended to be used for eligibility determination and DOES NOT replace face-to-face evaluation and assessment with a trained professional. This information should be treated as Protected Health Information. Deidentified data may be analyzed for program identification.